



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E382419**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-03057		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 12 - 09 - 2014	1041	31	N S E W	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20 ST SE	BLOCK NO. <input checked="" type="checkbox"/>	8300
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
83 AVE SE	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2067153191
---------	---	--------------------------------------	--	----------------------------

LAST NAME	LUNSFORD	FIRST NAME	JONI	MIDDLE INITIAL	M
-----------	-----------------	------------	-------------	----------------	----------

STREET NEW ADDRESS	6331 55TH PL NE
--------------------	------------------------

CITY	MARYSVILLE	ST	WA	ZIP	982709003
------	-------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	LUNSFJM247B6	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01 - 26 - 1976
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	--------------------

LICENSE PLATE #	ABT8229	STATE	WA	VIN#	1GKDT13S522190255
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2002	MAKE	GMC	MODEL	ENVOY	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	------------	-------	--------------	-------	-----------	---	----------	---

REGISTERED OWNER INFO. **JOHN LUNSFORD 6331 55TH PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # METROPOLITAN CASUALTY INS 6845246960
---	---

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252323910
---------	---	--------------------------------------	-------------------------------------	---	--	----------------------------

LAST NAME	KINDER	FIRST NAME	KRISTIN	MIDDLE INITIAL	M
-----------	---------------	------------	----------------	----------------	----------

STREET NEW ADDRESS	1402 BELLEVUE WAY NE APT F
--------------------	-----------------------------------

CITY	BELLEVUE	ST	WA	ZIP	980043600
------	-----------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	KINDEKM211R8	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12 - 28 - 1979
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 3	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES WRIST PAIN
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	--------------------------------------

LICENSE PLATE #	B70125G	STATE	WA	VIN#	1FMEU758X8UA93725
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2008	MAKE	FORD	MODEL	EXPL4D	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	-----------	---	----------	------------------------	---

REGISTERED OWNER INFO. **JAMES KINDER APT F BELLEVUE WA 98004**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # GEICO 4248-97-42-40
---	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
------------------------	-----------------------	---------------	------------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E382419**

CASE # **14-03057**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SMITH TERRIE																	
ADDRESS & PHONE #		12812 5TH ST NE LAKE STEVENS WA 98258 5302491880																	
		SEX	F	D.O.B. MMDDYYYY	09	-		22	-		1958								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY		-			-										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY		-			-										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 12/9/2014 at approximately 1041 hours, Unit 1 was travelling southbound on 83rd Ave SE approaching the intersection of 20th ST SE in the City of Lake Stevens. Unit 2 was travelling eastbound on 20th ST SE. The intersection of 83rd and 20th is controlled by signal lights. Traffic east and west on 20th ST SE had a solid green signal light. Traffic on 83rd Ave SE had a solid red signal light. The driver of Unit 1 disregarded the red light and entered the intersection colliding with Unit 2.

Unit 2 was towed from the roadway. The driver of Unit 2 complained of wrist pain. Both driver's were evaluated by Aide personnel on scene. Neither driver was transported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-10-14 11:11 AM

DATED

PLACE SIGNED

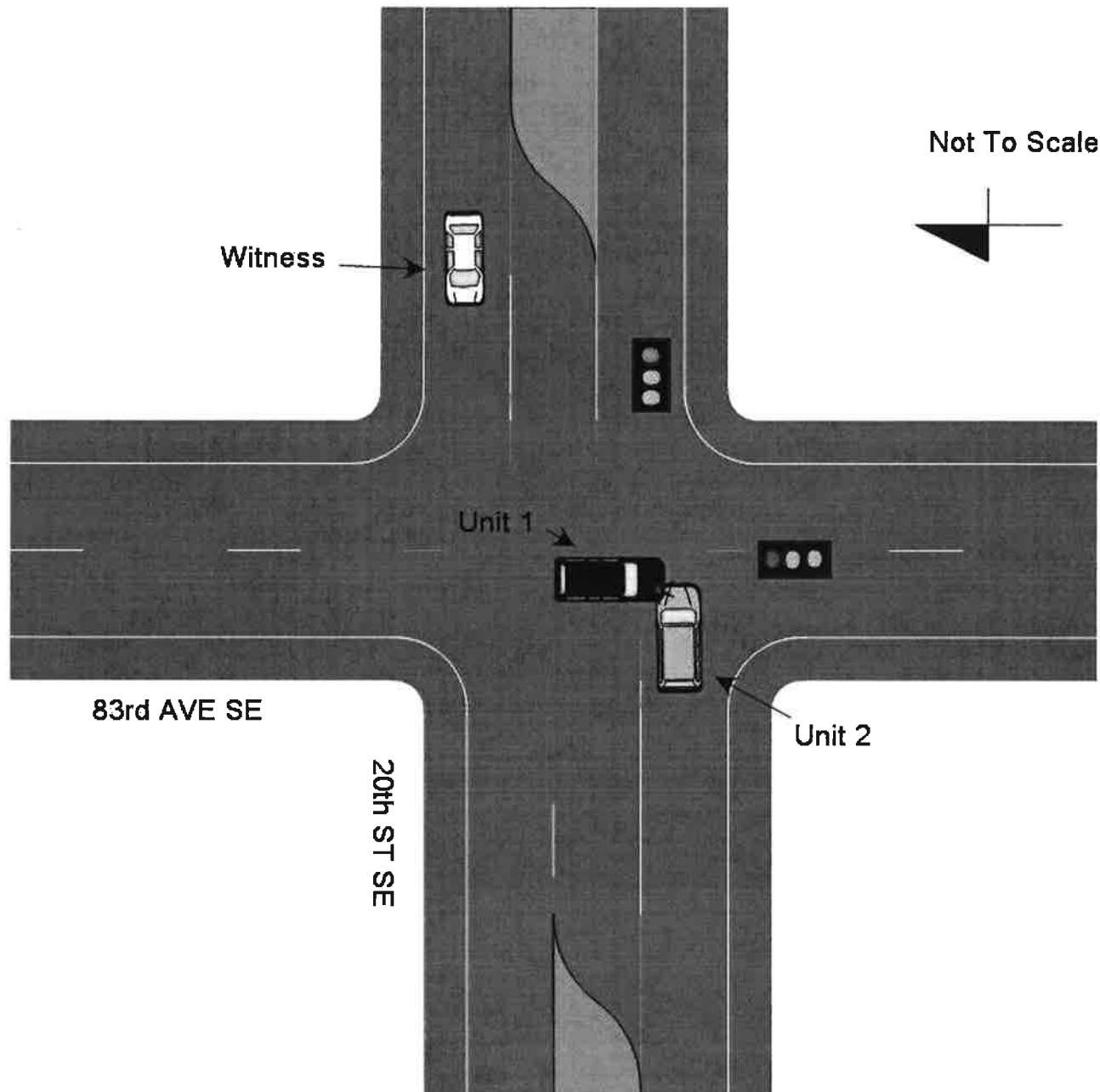
APPROVED BY

BOB SUMMERS 079

DATE

12/10/2014 11:52:46 PM

BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	10:42 AM	TIME POLICE ARRIVED	10:47 AM
---------------	------------	-------	------------------	------------------------	-----------------	---------------------	-----------------



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03057

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Joni Iunsted	W		F	12-6-76	35	5'10"	110	B	B
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS		
6331 55th PINE		Marysville		WA		98270				
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT						
		206-715-3191		Springfield, WA						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Coming to the light, I thought it was green, it was not

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
<i>[Signature]</i>	12-9-14	
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
K. BEWHAUS #120	12-9-14	LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

14-03057

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Smith, Terrie	RACE W	ETH	SEX F	DOB 9/20/58	AGE 56	HGT 5'3"	WGT 153	HAIR Br	EYES Br
STREET ADDRESS 12812 5th St NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS Visiting		
HOME PHONE 530-249-1680		CELL PHONE			PLACE OF EMPLOYMENT Court Reporter - Freelance					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 12/9/14 @ approx 10:40am, I was traveling on 20th St SE heading towards Everett. As I approached the light @ 20th & 83rd, the light was green for traffic in my direction, when suddenly I saw a Black SUV approaching from my right, making no visible effort to stop or slow, and proceed into the intersection, striking a silver Ford SUV.

I immediately went through the intersection and pulled to the right, parked my vehicle and went to check on both drivers.

The driver of the Silver SUV was shaken and unsure of what just happened. Her airbag had deployed and was smoking. I helped her and her dog out of the car and took them to the curb. She complained of her left wrist hurting. I called 911.

The driver of the Black SUV approached us and said, "I'm sorry. It was totally my fault."

LSPD
ORIC AL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Terrie Smith	DATE SIGNED: 12/9/14	LOCATION SIGNED: accident scene
OFFICER/NUMBER: BERNARD #720	DATE SIGNED: 12-9-14	LOCATION SIGNED: LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-03057

VEHICLE INFORMATION

VIN

1 F M E U 7 5 8 X 8 U A 9 3 7 2 5

LICENSE

B70125G

STATE

WASHINGTON

YEAR

2008

MAKE

FORD

MODEL

EXPL4D

☐ Report of Sale
MILEAGE ☒ Digital

DIGITAL UNREADABLE

STYLE

UTILITY

COLOR

SILVER/ALUMINUM

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

KINDER, KRISTIN M

NAME (LAST, FIRST, MI)

KINDER, JAMES D

NAME (LAST, FIRST, MI)

KINDER, JAMES D

STREET ADDRESS

1402 BELLEVUE WAY NE APT F

STREET ADDRESS

APT F

STREET ADDRESS

APT F

CITY, STATE, ZIP CODE

BELLEVUE, WA 980043600

CITY, STATE, ZIP CODE

BELLEVUE, WA 98004

CITY, STATE, ZIP CODE

BELLEVUE, WA 98004

PHONE

(425)232-3910

DOB

PHONE

PHONE

AUTHORIZATION AND RECEIPT

ON 12/9/2014 AT 11:10 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS

(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

SPEEDWAY

5348-03

(TOWING FIRM)

(DOL TRUCK NO.)

DRIVEN BY

BILL

(DRIVER'S PRINTED FIRST AND LAST NAME)

TO REMOVE THIS VEHICLE FROM

8300 20 ST SE/83 AVE SE

(LOCATION)

EQUIPMENT

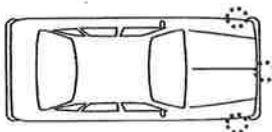
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☒ [1] KEYS☐ LOCKED TRUNK☐ LOCKED GLOVE BOX☐ LOCKED CENTER CONSOLE☐ AUTO STEREO☐ [] DISC(S)☐ HANDS FREE DEVICE☐ GPS☐ RADAR / LIDAR DETECTOR☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER☒ FRONT☒ R FRONT☐ R SIDE☐ R REAR☒ L FRONT☐ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

Undrivable due to collision damage

LSPD
ORIGINAL☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Kerry Bernhard

SNOHOMISH, WA

COUNTY, WA

120

BADGE NO.

Lake Stevens PD

AGENCY

3000-110-076 (R 07/13)

LEPD
ORIGINAL